UNITED STATES PROBATION & PRETRIAL SERVICES OFFICE DISTRICT OF NORTH DAKOTA

REPORT OF POSITIVE DRUG/ALCOHOL TEST

Defendant/Offender: Davry 1 Grady	Docket:
Date of Collection Procedure/Statement of Consequences Review:	
Date Test/Sample Taken: 3/19/18 Lab Slip/Client	t ID No./Other:
Results of Test/Urinalysis - Positive For: OXY Codore	
You are provided this written notice of a positive drug/alcohol test indicated above. Use of prohibited substances (which includes dru you by a licensed physician or alcohol) constituted a violation of y results, whether admitted or denied, are reported to the Court.	gs prescribed for someone other than
If you deny the use of a prohibited substance as indicated by the rest to a hearing before the Court to determine if you are in violation During this hearing, you have the right to representation by counsel, you if you cannot afford one. Also, you may have the urine sample certified under the Substance Abuse and Mental Health Services Acat your own expense prior to the hearing.	n of the conditions of your release, and an attorney will be appointed for retested at an independent laboratory.
Please place your initials before one of the following statements:	
I admit to use of a controlled substance/alcohol as indicated	d by the above reported test result.
I deny use of a controlled substance/alcohol as indicated by	
Please place your initials before one of the following statements: (Not applicable for positive alcohol results unless obtained by urinalysis.)	
I do <u>not</u> want to have the specimen retested.	
I want to have the specimen tested by an independent laboration own expense. However, if I fail to provide the name of the a understand the sample will be sent to Alere Toxicology Sert to Laboratory at	alternative test site within five days. I
Intervention or Sanction Imposed or Recommended by the Supervising - affected NA meetings - affected Red Read Recovery meetings	ng Probation Officer:
Jan 3/27/	7018
U.S. Probation & Pretrial Services Officer Date	e